

**Dennis J. Schmidt, DDS**

**Acknowledgement of Receipt of Dental Materials Fact Sheet**

**\*\* You May refuse to Sign This Acknowledgment\*\***

I \_\_\_\_\_ { **Print Name** } acknowledge that I  
have received from Dennis J. Schmidt, D.D.S a copy of the Dental Materials Fact Sheet.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If this Acknowledgement is signed by a personal representative on behalf of the patient,  
complete the following:

**Personal Representative's name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Relationship to Patient:** \_\_\_\_\_

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**For Program Use Only**

We attempted to obtain acknowledgement of receipt of the Dental Materials Fact Sheet, but  
acknowledgement could not be obtained because:

- Individual refused to sign**
- Communication barriers prohibited obtaining the acknowledgement**
- An emergency situation prevented us from obtaining the  
acknowledgement**
- other**